

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

Charitta Burt, Paralegal

U. S. Application No. 10/510611

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Copy of ISR US, Copy of IPER US

Assignee information: \_\_\_\_\_

Priority Info: Country US No. 60/372644 date 4/20/02 MORE (turn over)

Correspondence checked: \_\_\_\_\_

Inventor Name checked: F Annette

L KIM

Inventor Residence city: Rahway, state and/or country NJ citizenship: US

International Application No. PCT B503 1 10737 Language Eng

Copy of ISR: ☒

Copy in International Application: ☒; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 750, meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 20 Chargeable 20 Independent 2 multiple No

Number of drawing Sheets: 0 Foreign language: \_\_\_\_\_

Oath/Declaration: ☒; signed ☒ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 10.8.04

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: \_\_\_\_\_; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment(s): ☒ date: 10.8.04; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: \_\_\_\_\_

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ☒ date 10.8.04; Number of copies included \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Abstract: ☒, Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 10.8.04 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 10.8.04

Notice of Missing Requirements: \_\_\_\_\_

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: 6.22.04

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_

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